

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YN	905	3/24/01
RESPONSE FORMALITY REVIEW	SCH	1091	7-17-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓
2	
3	
4	✓
5	0
6	
7	
8	
9	
10	0
11	✓
12	
13	✓
14	0
15	
16	
17	
18	0
19	✓
20	
21	
22	
23	✓
24	✓
25	✓
26	
27	
28	
29	
30	
31	
32	
33	0
34	
35	0
36	
37	
38	
39	✓
40	
41	0
42	✓
43	✓
44	0
45	
46	
47	
48	
39	
60	

Claim	Date
Final	Original
51	✓
52	
53	
54	✓
55	✓
56	✓
57	0
58	0
59	0
60	✓
61	0
62	
63	
64	
65	
66	✓
67	✓
68	
69	✓
70	0
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74	0
75	✓
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77	✓
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79	1
80	÷
81	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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Best Available Copy